

Open and Honest Care in your Local Hospital



The *Open and Honest Care: Driving Improvement* programme aims to support organisations to become more transparent and consistent in publishing safety, experience and improvement data; with the overall aim of improving care, practice and culture.

Report for:

**St Helens & Knowsley
Teaching Hospitals Trust**

September 2014

Open and Honest Care at St Helens & Knowsley Teaching Hospitals Trust : September 2014

This report is based on information from September 2014. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about the trust's performance.

1. SAFETY

Safety thermometer

On one day each month we check to see how many of our patients suffered certain types of harm whilst in our care. We call this the safety thermometer. The safety thermometer looks at four harms: pressure ulcers, falls, blood clots and urine infections for those patients who have a urinary catheter in place. This helps us to understand where we need to make improvements. The score below shows the percentage of patients who did not experience any new harms.

98.4% of patients did not experience any of the four harms in this trust.

For more information, including a breakdown by category, please visit:

<http://www.safetythermometer.nhs.uk/>

Health care associated infections (HCAIs)

HCAIs are infections acquired as a result of healthcare interventions. Clostridium difficile (C.difficile) and methicillin-resistant staphylococcus aureus (MRSA) bacteremia are the most common. C.difficile is a type of bacterial infection that can affect the digestive system, causing diarrhoea, fever and painful abdominal cramps - and sometimes more serious complications. The bacteria does not normally affect healthy people, but because some antibiotics remove the 'good bacteria' in the gut that protect against C.difficile, people on these antibiotics are at greater risk.

The MRSA bacteria is often carried on the skin and inside the nose and throat. It is a particular problem in hospitals because if it gets into a break in the skin it can cause serious infections and blood poisoning. It is also more difficult to treat than other bacterial infections as it is resistant to a number of widely-used antibiotics.

We have a zero tolerance policy to infections and are working towards eradicating them; part of this process is to set improvement targets. If the number of actual cases is greater than the target then we have not improved enough. The table below shows the number of infections we have had this month, plus the improvement target and results for the year to date.

	C.difficile	MRSA
This month	7	1
Improvement target (year to date)	20	0
Actual to date	27	2

For more information please visit:

www.sthk.nhs.uk

Pressure ulcers

Pressure ulcers are localised injuries to the skin and/or underlying tissue as a result of pressure. They are sometimes known as bedsores. They can be classified into four grades, with one being the least severe and four being the most severe.

This month 10 Grade 2 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	10
Grade 3	0
Grade 4	0

So we can know if we are improving even if the number of patients we are caring for goes up or down, we also calculate an average called 'rate per 1,000 occupied bed days'. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals, as their staff may report pressure ulcers in different ways, and their patients may be more or less vulnerable to developing pressure ulcers than our patients. For example, other hospitals may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

Rate per 1000 bed days:	0.50
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Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause.

This month we reported 4 falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	4
Severe	0
Death	0

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Rate per 1,000 bed days:	0.20
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2. EXPERIENCE

Patient experience

The Friends and Family Test

The Friends and Family Test requires all patients, after discharge, to be asked: *How likely are you to recommend our ward to friends and*

In-patient FFT Score

97.5%

This is based on 684 responses.

A & E FFT Score

95.2%

This is based on 723 responses

*This result may have changed since publication, for the latest score please visit:

<http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

We also asked 142 patients the following questions about their care:

	Percentage in agreement
Were you involved as much as you wanted to be in the decisions about your care and treatment?	83.09%
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	88.80%
Were you given enough privacy when discussing your condition or treatment?	91.55%
During your stay were you treated with compassion by hospital staff?	96.48%
Did you always have access to the call bell when you needed it?	90.85%
Did you get the care you felt you required when you needed it most?	90.20%
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	93.66%

A patient's story

I would like to take this opportunity to personally thank you and your team for the treatment I recently received at Whiston Hospital.

On 19 September 2014, I had a laparoscopic colon resection performed by Mr Chadwick and his team. Prior to this surgery I had a further 2 hours consultation. All through this process I received an informative, clear and precise insight into what the surgery would entail.

The information received from this team made me feel comfortable, safe and less apprehensive going forward and the information was given in a totally professional and five star delivery by all concerned.

Staff experience

We asked 104 staff the following questions:

	Percentage in agreement
I would recommend this ward/unit as a place to work	86.54%
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	88.46%
I am satisfied with the quality of care I give to the patients, carers and their families	85.58%

3. IMPROVEMENT

Improvement story: we are listening to our patients and making changes

Our recent Patient Power Event was another successful evening with attendance from patients, carers, staff and local Healthwatch members.

The Medirest Team gave a fantastic and very informative presentation about the food service for patients and the enormous amount of improvements that have already been implemented. Everyone in attendance was then treated to a tasting session – with the full menu available to choose from.

Feedback was provided and will be shared at the next Patient Power Event with actions required discussed and agreed with

Supporting information

Infection Control -

You will notice from the report above that the *C.difficile* figures are increasing against our targets, although these are low compared to other Trusts. The Trust has a robust action plan to work towards preventing further cases. Some of the cases have been appealed, because after investigation, they were judged to be acquired outside the Trust.

Falls -

Please note that these numbers may be subject to change upon an indepth investigaton of an incident